Read to Swim Program

CITY OF
CHULA VISTA

MAKE A SPLASH
LOCAL PARTNER

USA SWIMMING
FOUNDATION

Full Name:		Age:	
School:		Grade:	
Phone:		Email:	
Book Title:			
Author:			

Draw your favorite part of the story

Book Summary: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CITY OF CHULA VISTA

READ TO SWIM PROGRAM

MAKE A SPLASH
LOCAL PARTNER